

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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**GOVERNOR'S OFFICE
LEGAL AFFAIRS**

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
CRUZ	JOHN	GILBERT	(916) 445-4541
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
STATE CAPITOL	SACRAMENTO	CA	95814
			OPTIONAL FAX / E-MAIL ADDRESS
			John.Cruz@gov.ca.gov

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of the Governor

Division, Board, District, if applicable:

Your Position:

Appointments Secretary

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☒ The period covered is 08 / 13 / 07, through December 31, 2007.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: 4

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <p align="center">John Gilbert Cruz</p>
--

> 1. BUSINESS ENTITY OR TRUST

Daehnke & Cruz, a general partnership

Name
3333 Michelson Drive, #800, Irvine, CA 92612

Address

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Law Firm

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE

- ☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

 / / 07 / / 07
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☒ Partnership ☐ _____ Other

YOUR BUSINESS POSITION Partner

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

N/A

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

 / / 07 / / 07
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

> 1. BUSINESS ENTITY OR TRUST

DaehnkeCruz Law Group, LLP

Name
3333 Michelson Drive, #800, Irvine, CA 92612

Address

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Law Firm

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

01 / 01 / 07 / / 07
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☒ Partnership ☐ _____ Other

YOUR BUSINESS POSITION Partner

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

City of Pico Rivera; Urban Housing Communities

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

DaehnkeCruz Law Group, LLP

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

3333 Michelson Drive, #800, Irvine, CA 92612

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

 / / 07 / / 07
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☒ Leasehold Monthly ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name John Gilbert Cruz
--

NAME OF SOURCE

The Williams Law Firm, PC

ADDRESS

4100 MacArthur Blvd., #100, Newport Beach, 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 17 / 07	\$ 25.00	Meal
/ /	\$	
/ /	\$	

NAME OF SOURCE

New Majority Committee

ADDRESS

949 South Coast Drive Suite 600, Costa Mesa 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE

N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 28 / 07	\$ 50.00	Meal
12 / 26 / 07	\$ 20.00	Meal
09 / 10 / 07	\$ 20.00	Meal

NAME OF SOURCE

The Irvine Company

ADDRESS

550 Newport Center Drive, Newport Beach 92658

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 12 / 07	\$ 38.00	Meal
/ /	\$	
/ /	\$	

NAME OF SOURCE

Baker & Hostetler

ADDRESS

600 Anton, #650, Costa Mesa, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 17 / 07	\$ 20.00	Meal
/ /	\$	
/ /	\$	

NAME OF SOURCE

Randle Communications

ADDRESS

925 L Street, #1275, Sacramento 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 08 / 07	\$ 50.00	Meal
09 / 12 / 07	\$ 20.00	Meal
/ /	\$	

NAME OF SOURCE

FedEx

ADDRESS

Memphis, Tenn

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Air/ground express delivery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 08 / 07	\$ 98.00	Meal
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name John Gilbert Cruz
--

> NAME OF SOURCE
Ali Jahangiri

ADDRESS
3 Coventry, Newport Beach 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Internet Entreprenuer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 19 / 07</u>	\$ <u>20.00</u>	<u>Meal</u>
<u>11 / 25 / 07</u>	\$ <u>25.00</u>	<u>Meal</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

> NAME OF SOURCE
Van Tran

ADDRESS
1503 South Coast Drive # 205 , Costa Mesa 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 07</u>	\$ <u>20.00</u>	<u>Meal</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

> NAME OF SOURCE
Dale Dykema

ADDRESS
1820 E. First Street. Suite 210 Santa Ana CA 92705

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lien Reconveyance/Foreclosure services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 31 / 07</u>	\$ <u>20.00</u>	<u>Meal</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

> NAME OF SOURCE
Tracy Price

ADDRESS
5 Vanderbilt, Irvine CA 92616

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 27 / 07</u>	\$ <u>25.00</u>	<u>Meal</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

> NAME OF SOURCE
The Williams Law Firm, PC

ADDRESS
4100 MacArthur Blvd., #100, Newport Beach, 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 17 / 07</u>	<u>\$ 25.00*</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
Baker & Hosteller

ADDRESS
600 Anton, #650, Costa Mesa, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 17 / 07</u>	<u>\$ 20.00*</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
Randle Communications

ADDRESS
925 L Street, #1275, Sacramento 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 08 / 07</u>	<u>\$ 50.00*</u>	<u>Meal</u>
<u>09 / 12 / 07</u>	<u>\$ 20.00*</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
The Irvine Company

ADDRESS
550 Newport Center Drive, Newport Beach 92658

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 12 / 07</u>	<u>\$ 38.00*</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
Fed Ex

ADDRESS
Memphis, Tenn.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Air/Ground Express Delivery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 08 / 07</u>	<u>\$ 98.00*</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Verification


Print Name John Gilbert Cruz


Office, Agency or Court Office of the Governor

Statement Type ☒ 2007/2008 Annual ☐ Assuming ☐ Leaving
☐ 07 Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Sign 

Signature 

Comments: * Donor was reimbursed the full amount on 3/10/09

SCHEDULE D Income – Gifts

> NAME OF SOURCE
Ali Jahangiri
ADDRESS
3 Coventry, Newport Beach 92660
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Internet Entrepreneur

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 19 / 07</u>	<u>\$ 20.00*</u>	<u>Meal</u>
<u>11 / 25 / 07</u>	<u>\$ 25.00*</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE
Dale Dykema
ADDRESS
1820 E. First Street, Suite 210 Santa Ana, Ca 92705
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lien Reconveyance/Foreclosure services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 31 / 07</u>	<u>\$ 20.00*</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE
Van Tran
ADDRESS
1503 South Coast Drive #205, Costa Mesa 92626
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 07</u>	<u>\$ 20.00*</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE
Tracy Price
ADDRESS
5 Vanderbilt, Irvine, Ca. 92616
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 27 / 07</u>	<u>\$ 25.00*</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Verification

Print Name John Gilbert Cruz

Office, Agency or Court Office of the Governor

Statement Type ☒ 2007/2008 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 8/10/09

Signature _____

Comments: * Donor was reimbursed on 3/10/09